

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

MR. JACK DEAN FARRIS

Mailing Address **2900 GULFSHORE BLVD. N.**
APARTMENT 114

City **NAPLES** State **FL** Zip Code **34103-3900**

FEC ID number of contributing
federal political committee.

C

Name of Employer
TODAYS HOME FURNISHINGS

Occupation
INTERIOR DESIGNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

288.12

Transaction ID : SA17.860710

Date of Receipt

05 / 02 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

60.00

B. Full Name (Last, First, Middle Initial)

MR. TIMOTHY J. FARRIS

Mailing Address **1690 N. COPELAND DRIVE**

City **MARCO ISLAND** State **FL** Zip Code **34145-6631**

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Transaction ID : SA17.965370

Date of Receipt

05 / 21 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)

DR. DEBRA FARVER

Mailing Address **30948 434TH AVENUE**

City **YANKTON** State **SD** Zip Code **57078-6700**

FEC ID number of contributing
federal political committee.

C

Name of Employer
YANKTON MEDICAL CLINIC

Occupation
PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.889902

Date of Receipt

05 / 10 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

2060.00

Total This Period (last page this line number only).....